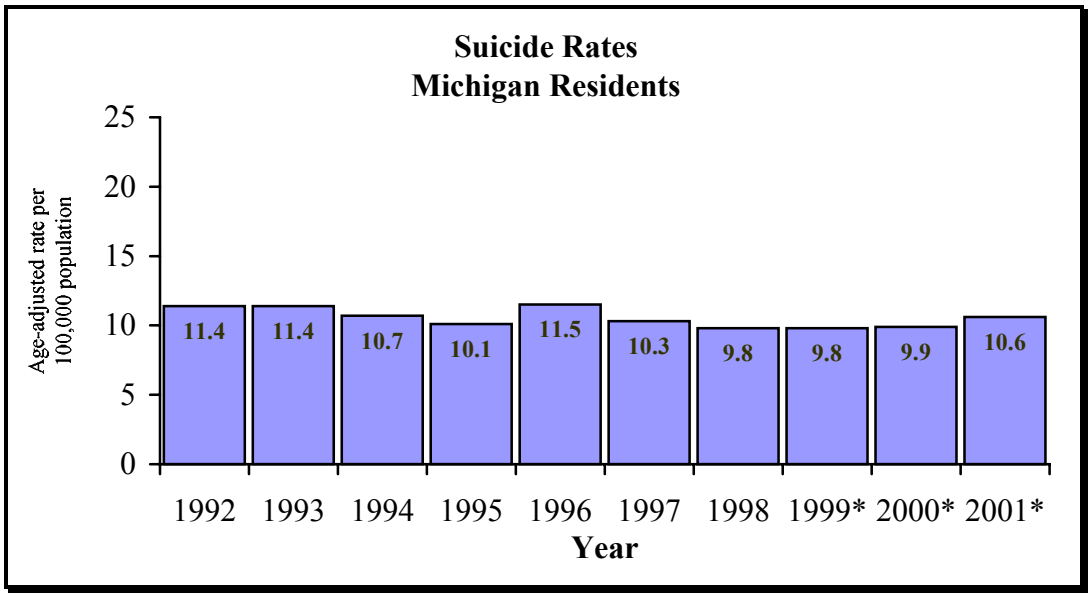
Focused Indicators
Morbidity and Mortality
Suicides



* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.
Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Suicide is the fourth leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75 in Michigan.

Suicide is death caused by purposely self-inflicted injuries. Deaths are classified as suicide even if the person did not intend the injuries to result in death. Almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both, and the majority have depressive illness. The most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of depression and other psychiatric illnesses.

In 2001, there were 1,045 suicide deaths in Michigan. The age-adjusted rate for suicide was 10.6 per 100,000 population. During the past 10 years, the rate of death from suicide in Michigan has declined by 7 percent.

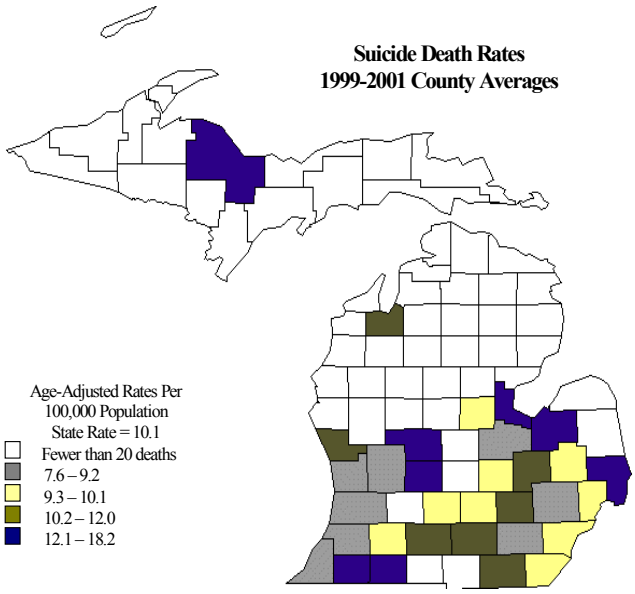
How does Michigan compare with the U.S.?

Michigan's 2000 age-adjusted suicide rate of 9.9 was lower than the U.S. rate of 10.6. Nationally, suicide was the fifth leading cause of YPLL in 1999.

How are different populations affected?

The suicide rate for children in the U.S. was two times higher than the combined rate for the 25 other most industrialized countries from 1990 to 1995.

Suicide was the third leading cause of death in Michigan for ages 15-34. While suicide is a leading cause of death for 15-34 year-olds, the suicide rates are highest for those 75 years and older.



In 2001, whites in Michigan were almost twice as likely (11.2) as African-Americans (6.8) to commit suicide. Michigan men were over four times more likely to commit suicide than women (18.0 and 4.0, respectively).

For more state and local data on suicide deaths, visit the Michigan Department of Community Health Web site at ***www.michigan.gov/mdch***.

What other information is important to know?

Most people who are depressed do not kill themselves, although suicide is considered a possible complication of depressive illness when combined with other risk factors, such as:

- one or more other diagnosable mental or substance abuse problem(s);
- brain chemical imbalance;
- lack of impulse control;
- adverse life events;
- family history of mental illness, substance abuse disorder, or suicide;
- family violence, including physical or sexual abuse;
- prior suicide attempt;
- firearm in the home;
- incarceration; and
- exposure to the suicidal behavior of others.

What is the Department of Community Health doing to affect this indicator?

The department responds directly to persons who are of potential danger to themselves as a result of mental illness by providing psychiatric inpatient care at three adult and one child and adolescent state-operated psychiatric hospitals as well as one of the community hospitals.

Community Mental Health Service Programs (CMHSP), through contracts with the department, offer services such as psychiatric inpatient care, hospital-based crisis observation care, intensive crisis residential and stabilization services, and assertive community treatment. CMHSPs offers wrap-around services to minors with serious emotional disturbances or serious mental illness and their families. These services include treatment services and personal support services to maintain the child in the home. Over 1,368 children and their families were served in 2000. In addition, 49 respite services programs served 4,759 children and their families providing short-term intermittent care and supervision to children and adolescents. Currently underway are five grants specifically targeted to the prevention of suicide in the older adult population. All CMHSP continue to provide and expand their services to persons with serious mental illness who reside in county jails, detention facilities, or are under court supervision and parole.

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